POSITION DESCRIPTION (Please Read Instructions on the Back)

03KP02

1. Reason for Submission	3. Service	Employing Office Location	5. Duty Station	6. OPM Certification No.
[ ] Redescription [ ] Reestablishment [X] New [ ] Other	[X] Hdqtrs. [ ] Field	WASHINGTON, DC	WASHINGTON, DC	

Explanation (Show any positions replaced)

7. Fair Labor Standards Act	8. Financial Statements Required	9. Subject to IA Action
[X] Exempt [ ] Nonexempt	[ ] Executive Personnel Financial Disclosure [ ] Employment and Financial Interests	[X] Yes [ ] No

10. Position Status	11. Position is:	12. Sensitivity	13. Competitive Level Code
[X] Competitive [ ] Excepted (Specify in Remarks) [ ] SES (Gen.) [ ] SES (CR)	[ ] Supervisory [ ] Managerial [X] Neither	[X] 1—Non-Sensitive [ ] 3—Critical Sensitive [ ] 2—Noncritical Sensitive [ ] 4—Special Sensitive	0000 14. Agency Use

5. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment	Grants Management Specialist	GS	1101	09	vj	04/24/02
c. Second Level Review						
d. First Level Review						
e. Recommended by Supervisor or Initiating Office	Grants Management Specialist	GS	1101	09		

16. Organizational Title of Position *(if different from official title)*

17. Name of Employee *(if vacant, specify)*
(Blank)

18. Department, Agency, or Establishment
Department of Health and Human Services

a. First Subdivision
Administration for Children and Families

b. Second Subdivision
Office of the Deputy Assistant Secretary for Administration

c. Third Subdivision
Office of Grants Management

d. Fourth Subdivision
Division of Discretionary Grants

e. Fifth Subdivision

19. Employee Review—This is an accurate description of the major duties and responsibilites of my position.

Signature of Employee *(optional)*

Supervisory Certification. *I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.*

a. Typed Name and Title of Immediate Supervisor
Alece Morgan, Acting Director
Division of Discretionary Grants

Signature: Carol Carter Walker — Date: 4/25/02

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*

Signature — Date

21. **Classification/Job Grading Certification.** *I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.*

Typed Name and Title of Official Taking Action
Vanessa Jenkins
Human Resources Specialist

Signature: Vanessa Jenkins — Date: 4/24/02

22. Position Classification Standards Used in Classifying/Grading Position
General Business and Industry Series, GS-1101

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee *(optional)*										
b. Supervisor										
c. Classifier										

24. Remarks

EXHIBIT 15
PAGE 1 OF 10 PAGES

Promotion Potential to GS-12 (PD88-057)
GS-11 - PL-771522

BUS: 0010

25. Description of Major Duties and Responsibilities *(See Attached)*

EXHIBIT
ROI ex.15